

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: ID
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ID

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,236,266 (38.2%)

B.Children with special health care needs:

\$ 1,279,759 (39.54%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 173,277 (5.35%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 3,236,441

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 0

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 2,427,331

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,427,331

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,663,772

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 32,652,784

h. AIDS: \$ 2,248,135

i. CDC: \$ 2,294,736

j. Education: \$ 0

k. Other: \$ 0

Title X \$ 1,633,597

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 38,829,252

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 44,493,024

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,373,170	\$ 2,946,452	\$ 3,373,170	\$ 3,339,400	\$ 3,373,169	\$ 3,669,024
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,800,000	\$ 2,150,382	\$ 2,097,900	\$ 1,865,748	\$ 2,150,381	\$ 2,751,768
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 729,878	\$ 59,458	\$ 444,728	\$ 638,802	\$ 379,496	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 29,753,034	\$ 28,702,858	\$ 27,548,666	\$ 29,494,848	\$ 31,066,470	\$ 35,923,346
9. Total <i>(Line11, Form 2)</i>	\$ 35,656,082	\$ 33,859,150	\$ 33,464,464	\$ 35,338,798	\$ 36,969,516	\$ 42,344,138
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,228,247	\$ 3,163,593	\$ 3,236,834	\$	\$ 3,236,441	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,865,749	\$ 1,320,494	\$ 0	\$	\$ 0	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 555,437	\$ 1,052,200	\$ 2,427,626	\$	\$ 2,427,331	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 29,494,848	\$ 38,829,252	\$ 39,298,375	\$	\$ 38,829,252	\$
9. Total <i>(Line11, Form 2)</i>	\$ 35,144,281	\$ 44,365,539	\$ 44,962,835	\$ 0	\$ 44,493,024	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
We had more money than anticipated in Phase 07
2. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2009
Field Note:
State match in immunization funding was decreased.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
A significantly larger portion of state funds was put towards immunization efforts in Idaho than was originally budgeted.
4. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2009
Field Note:
Due to decrease in general funds for immunization purchase, greater match was used from local level.
5. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
Actual state amount was \$4,104,964 which exceeds the required 75% match.
6. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2009
Field Note:
This increase is primarily due to case load increase in WIC. USDA has increased funding to cover increased case load as well as increased food costs.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
Increased amounts in immunizations and AIDS.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 381,837	\$ 315,162	\$ 381,837	\$ 327,341	\$ 309,390	\$ 291,671
b. Infants < 1 year old	\$ 1,421,096	\$ 1,228,813	\$ 1,427,557	\$ 1,380,025	\$ 1,588,918	\$ 1,737,798
c. Children 1 to 22 years old	\$ 2,044,780	\$ 1,952,531	\$ 2,027,431	\$ 2,215,348	\$ 2,126,467	\$ 2,367,535
d. Children with Special Healthcare Needs	\$ 1,422,657	\$ 1,066,417	\$ 1,446,295	\$ 1,349,911	\$ 1,416,012	\$ 1,473,330
e. Others	\$ 295,361	\$ 245,922	\$ 295,361	\$ 310,767	\$ 155,607	\$ 267,715
f. Administration	\$ 337,317	\$ 347,447	\$ 337,317	\$ 260,558	\$ 306,652	\$ 282,743
g. SUBTOTAL	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 21,244,235		\$ 21,244,235		\$ 21,840,070	
h. AIDS	\$ 1,888,722		\$ 1,861,210		\$ 3,412,600	
i. CDC	\$ 0		\$ 4,443,221		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CDC - Immunization	\$ 1,638,571		\$ 0		\$ 2,007,900	
CDC - STD	\$ 0		\$ 0		\$ 328,269	
CDC - WHC	\$ 0		\$ 0		\$ 1,783,600	
PHS - Title X	\$ 1,629,689		\$ 0		\$ 1,694,031	
ACF - TANF	\$ 1,400,000		\$ 0		\$ 0	
CDC - STD	\$ 428,685		\$ 0		\$ 0	
CDC - WHC	\$ 1,523,132		\$ 0		\$ 0	
III. SUBTOTAL	\$ 29,753,034		\$ 27,548,666		\$ 31,066,470	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 264,025	\$ 318,509	\$ 261,759	\$	\$ 243,008	\$
b. Infants < 1 year old	\$ 1,448,425	\$ 1,317,275	\$ 1,401,870	\$	\$ 1,386,063	\$
c. Children 1 to 22 years old	\$ 2,148,148	\$ 2,012,366	\$ 2,247,972	\$	\$ 2,231,083	\$
d. Children with Special Healthcare Needs	\$ 1,205,710	\$ 1,442,896	\$ 1,217,759	\$	\$ 1,312,898	\$
e. Others	\$ 260,300	\$ 269,930	\$ 270,100	\$	\$ 265,720	\$
f. Administration	\$ 322,825	\$ 175,311	\$ 265,000	\$	\$ 225,000	\$
g. SUBTOTAL	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 22,231,985		\$ 32,168,428		\$ 32,652,784	
h. AIDS	\$ 1,607,806		\$ 2,058,400		\$ 2,248,135	
i. CDC	\$ 3,972,445		\$ 3,388,935		\$ 2,294,736	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Title X	\$ 1,682,612		\$ 1,682,612		\$ 1,633,597	
III. SUBTOTAL	\$ 29,494,848		\$ 39,298,375		\$ 38,829,252	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
Increased demand for family planning services. Both state and local budgets were unable to meet need. Savings from administration used to help meet need.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Most of this cost was in reproductive health. We did a lot of outreach to teens and developed a couple of websites aimed at youth.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
Increased claims payments and physician costs.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
Most of this cost was in reproductive health. We did a lot of outreach to teens and developed a couple of websites aimed at youth.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
With tighter state budget, administrative funding was reduced in travel and personnel. Realized savings was placed in program delivery.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,026,502	\$ 1,533,194	\$ 2,009,502	\$ 1,972,850	\$ 1,664,893	\$ 1,998,408
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 53,000	\$ 31,092	\$ 64,112	\$ 48,016	\$ 49,630	\$ 59,137
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,881,878	\$ 2,712,722	\$ 2,918,928	\$ 3,074,040	\$ 3,337,922	\$ 3,652,197
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 941,668	\$ 879,284	\$ 923,256	\$ 749,044	\$ 850,601	\$ 711,050
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,690,083	\$ 1,952,312	\$ 1,748,690	\$	\$ 1,837,850	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 31,700	\$ 46,301	\$ 46,620	\$	\$ 46,700	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,034,304	\$ 2,822,486	\$ 2,985,505	\$	\$ 2,988,681	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 893,346	\$ 715,188	\$ 883,645	\$	\$ 790,541	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
Continued to catch-up in overdue claims payments.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
We had been behind by 9 months or more in paying invoices for our Children's Special Healthcare Program clinics. We made great headway in resolving this.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
Continued catch-up in claims. Began outreach and education projects. Moved care coordination for CSHCNs in-house.
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
We had been behind by 9 months or more in paying invoices for our Children's Special Healthcare Program clinics. We made great headway in resolving this.
5. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
Did not spend as much as anticipated on the MCH Five Year Needs Assessment.
6. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Due to paying overdue invoices in direct and enabling services, less was spent on infrastructure.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: ID						
Total Births by Occurrence: <u>23,245</u>				Reporting Year: 2009		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	23,194	99.8	3	1	1	100
Congenital Hypothyroidism	23,194	99.8	79	7	7	100
Galactosemia	23,194	99.8	4	0	0	
Sickle Cell Disease	23,194	99.8	1	0	0	
Other Screening (Specify)						
Cystic Fibrosis	23,194	99.8	12	7	7	100
Screening Programs for Older Children & Women (Specify Tests by name)						

FORM NOTES FOR FORM 6
None
FIELD LEVEL NOTES
None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,821	26.3	1.7	5.7	65.1	1.2
Infants < 1 year old	24,276	35.1	2.2	53.1	9.4	0.0
Children 1 to 22 years old	61,486	20.6	1.3	63.6	14.5	0.0
Children with Special Healthcare Needs	729	5.2	0.3	9.5	58.2	26.6
Others	67,985	0.0	0.0	0.0	0.0	100.0
TOTAL	157,297					

FORM NOTES FOR FORM 7

The jump in CSHCNs served during the reporting year is due to a strengthened contracting instrument resulting in better reporting. For the past six years, the Children's Special Health Program has provided funds for CSHCN clinics in remote Eastern and Northern Idaho. In past years CSHCN participation in those Title V-funded clinics was not reported back to CSHP. Contractual requirements now obligate the staff of those clinics to report.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ID

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	25,156	21,869	119	366	330	41	474	1,957
Title V Served	24,654	21,432	117	359	323	40	465	1,918
Eligible for Title XIX	8,155	6,733	78	218	49	19	219	839
INFANTS								
Total Infants in State	24,771	23,142	585	555	489	0	0	0
Title V Served	24,275	22,679	573	544	479	0	0	0
Eligible for Title XIX	7,912	7,125	383	331	73	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	20,799	4,038	319	0	0	0	0	4,038
Title V Served	20,383	3,957	313	0	0	0	0	3,957
Eligible for Title XIX	6,370	1,673	112	0	0	0	0	1,673
INFANTS								
Total Infants in State	20,494	4,277	0	0	0	0	0	4,277
Title V Served	20,084	4,191	0	0	0	0	0	4,191
Eligible for Title XIX	6,277	1,772	0	0	0	0	0	1,772

FORM NOTES FOR FORM 8

Birth records for 2009 not finalized as of entry date 2008 Final births used.

Census files used for population estimate for infants for 2009 not available at entry date, 2008 used as most recent available. The census file used has Asian and NHOPI combined, so birth records are combined to match.

FIELD LEVEL NOTES

- 1. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2011
Field Note:
Birth records for 2009 not finalized as of date of entry
- 2. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2011
Field Note:
Number of title V served is estimated from the total number of deliveries. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
- 3. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2011
Field Note:
Based on count of all births to Idaho mothers in 2008, birth may have been in Idaho or out of state, where Medicaid was indicated as principal source of payment for delivery on birth certificate.
- 4. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2011
Field Note:
NHOPI included in Asian
- 5. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2011
Field Note:
Census files used for population estimate do not include more than one race
- 6. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2011
Field Note:
Census files used for population estimate do not include other or unknown race.
- 7. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2011
Field Note:
Number determined by applying rate for 2008 deliveries to population estimate.
- 8. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Number of title V served is estimated from the total number of deliveries. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
- 9. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Based on count of all births to Idaho mothers in 2008, birth may have been in Idaho or out of state, where Medicaid was indicated as principal source of payment for delivery on birth certificate.
- 10. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Number determined by applying rate for 2008 deliveries to population estimate.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____0	_____0	_____0	_____0	_____0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>211 or 1-800-296-2588</u>	<u>211 or 1-800-926-2588</u>	<u>211 or 1-800-926-2588</u>	<u>211 or 800-926-2588</u>	<u>211 or 800 926-2588</u>
2. State MCH Toll-Free "Hotline" Name	Idaho Careline	Idaho Careline	Idaho CareLine	Idaho CareLine	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	<u>Gonzalez, Cruz A.</u>	<u>Nina Dillon</u>	<u>Nina Dillon</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>
4. Contact Person's Telephone Number	<u>208-287-1030</u>	<u>208-287-1020</u>	<u>208-287-1020</u>	<u>208-287-1020</u>	<u>208 287-1020</u>
5. Contact Person's Email	<u>GonzaleC@dhw.idaho.gc</u>				
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>66,901</u>	<u>56,976</u>	<u>12,321</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Division of Health, Idaho Department of Health and Welfare administers the Title V MCH Block Grant. The Bureau Chief serves as the MCH, Title V Director. The programs directly under the MCH Director include: Children's Special Health Program, New Born Screening, Genetics, Family Planning (Title X), STD/HIV Prevention, Ryan White Part B, Adult Viral Hepatitis, Women's Health Check - Breast and Cervical Cancer Screening/Diagnostics, and WIC. Title V also funds programs and /or staff in the Bureau of Community and Environmental Health, the Bureau of Vital Records and Health Statistics and the Office of Epidemiology, Immunizations and Food Protection.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,236,441
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 2,427,331
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,663,772

9. Most significant providers receiving MCH funds:

7 Local Public Health Districts
St. Luke's Children's Hospital
Physicians from Oregon Health Sciences University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,821
b. Infants < 1 year old	24,276
c. Children 1 to 22 years old	61,486
d. CSHCN	729
e. Others	67,985

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The Children's Special Health Program has a positive working relationship with St. Luke's Children's Hospital, as well as the Shriner's Hospital in Salt Lake City, Utah and Spokane, Washington for the referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified genetics and metabolic specialists to staff clinics and provide counseling to Idaho clients.

b. Population-Based Services:
(max 2500 characters)

The WIC / Immunization Linkage is a collaboration between the two programs on a statewide basis in which local Health District personnel screen WIC clients 0-24 months of age for immunization status and those not up-to-date are referred to their health care provider or the District clinic for services.

c. Infrastructure Building Services:
(max 2500 characters)

The relationship between the Children's Special Health Program and St. Luke's Children's Hospital continues to evolve and improve on efficiency and delivery of genetics and metabolic services to clients.

12. The primary Title V Program contact person:

Name	Dieuwke A. Dizney-Spencer, RN, MHS
Title	Chief, Bureau of Clinical & Preventive Services
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	(208)334-5930
Fax	(208)332-7362

13. The children with special health care needs (CSHCN) contact person:

Name	Mitch Scoggins, MPH
Title	Program Manager, Children's Special Health
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	(208)334-5962
Fax	(208)334-4946

Email spencerd@dhw.idaho.gov

Web

Email scogginm@dhw.idaho.gov

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 11

Current year number of fatalities is preliminary estimate from Dept of Transportation crash data but death records for 2009 have not been finalized. The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	28	17	31	30	19
Denominator	28	17	31	30	19
Data Source				Idaho Newborn Screening Program	Idaho Newborn Screening Program
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	60	53	53
Annual Indicator	57.2	57.2	52.7	52.7	52.7
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

This number is from the 2005-2006 CSHCN Survey

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

This number is from the 2005-2006 CSHCN Survey

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	52	52	52	52	52
Annual Indicator	49.1	48.8	47.7	47.7	47.7
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

From the 2005-2006 CSHCN Survey.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	60	60	60
Annual Indicator	53.3	53.3	56.9	56.9	56.9
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

From the 2005-2006 CSHCN Survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	86	86
Annual Indicator	75.2	75.2	86	86	86
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	86	86	86	86	86
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	46	46
Annual Indicator	5.8	1	45.8	45.8	45.8
Numerator					
Denominator					
Data Source				National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

From the 2005-2006 CSHCN Survey.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	81	82	83	83	83
Annual Indicator	78.1	77.8	75.8	65.9	65.8
Numerator					
Denominator					
Data Source				NIS	NIS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

NIS data for CY2009 is not available until August, 2010. 2008 value used as estimate for 2009,

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

NIS data for CY2008 is not available until August, 2009. 2007 value used as estimate for 2008,

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

NIS data for CY2007 is not available until August, 2008. 2006 value used as estimate for 2007,

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	14	13	15	17.8	17.7
Annual Indicator	16.8	17.9	19.0	19.9	16.1
Numerator	532	597	628	651	527
Denominator	31,738	33,264	32,974	32,772	32,772
Data Source				Estimate from prior year	Birth Certificate
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	16	16	16	15.9	15.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data. Population estimates for 2009 are not available by age and gender as of 3/22/2010.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2008
Field Note:
 Population not available until July 2009. Used population estimate from 2007 as estimated denominator
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2007
Field Note:
 Population not available until July 2008. Used population estimate from 2006 as estimated denominator

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	64	66	60	60.5	60.6
Annual Indicator	55.7	55.7	55.7	55.7	57.1
Numerator	10,315				
Denominator	18,527				

Data Source

Smile Survey 2005 Smile Survey 2009

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	60.6	60.6	60.7	60.7	60.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be weighted from the survey and imply artificial precision.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

SMILES survey used to estimate will not conclude until June 2009. 2005-06 rate used as latest available estimate.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

SMILES survey used to estimate not conducted in 2007. 2005 rate used as latest available estimate.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective	4	4	4	5.5
Annual Indicator	5.8	4.0	7.7	2.6
Numerator	18	13	26	9
Denominator	308,945	325,906	339,358	344,821
Data Source				Vital Stats
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final
				Dept of Transportation

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	5.5	5.4	5.4	5.4
Annual Indicator				
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Death count preliminary total from Idaho Dept of Transportatio for 2009. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2009 not available until July 2010, 2008 population estimate used as estimate.

The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death count preliminary total from Idaho Dept of Transportatio for 2008. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2008 not available until July 2009, 2007 population estimate used as estimate.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Death count preliminary total from ISP for 2007

Population count for 2007 not available until July 2008, 2006 population estimate used as estimate.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		50	51	51.5	52
Annual Indicator	49.8	50.5	54	50.5	55.2
Numerator					
Denominator					
Data Source				PRATS	PRATS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	52.1	52.2	52.2	52.3	52.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Due to the nature of the survey data variability the target goal is not adjusted based on a single year's values.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	98.8	98.8
Annual Indicator	94.6	98.4	96.7	97.9	93.1
Numerator		22,302			
Denominator		22,657			
Data Source				PRATS	PRATS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	98.8	98.8	98.8	98.8	98.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data. Rate is among those children who had their hearing tested at all.

The questionnaire was changed for 2008 to ask about "hearing screening after baby was born" from prior to hospital discharge.

2. **Section Number:** Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data. Rate is among those children who had their hearing tested at all.

3. **Section Number:** Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	11.2	12.5	12.4
Annual Indicator	13.0	11.4	13.0	11.0	8.9
Numerator	19,177	44,995	52,135	45,621	37,161
Denominator	147,366	394,435	401,854	414,662	418,764
Data Source				Current Population Survey	Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	8.8	8.8	8.8	8.7	8.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		26	31	31	30.9
Annual Indicator	28.9	32.1	31.2	31.3	30.1
Numerator	5,240	5,807	5,894	6,762	7,314
Denominator	18,137	18,113	18,862	21,581	24,316

Data Source

State WIC Data

State WIC Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	30.8	30.7	30.6	30.6	30.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2009**Field Note:**

Based on PedNSS data avail as of March 2010

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

Based on PedNSS data avail as of 1/17/2009

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

Based on PedNSS data avail as of 1/17/2008

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		8	8	8.5	8.5
Annual Indicator		9.4	9.0	8.8	9.1
Numerator		2,258	2,255	2,198	2,085
Denominator		24,112	24,972	25,101	23,032

Data Source

Birth certificate

Birth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	8.4	8.4	8.3	8.3	8.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status, births to Idaho women.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	12	11	8.5	11	10.9
Annual Indicator	9.1	11.7	18.9	9.9	9.9
Numerator	10	13	21	11	11
Denominator	109,731	110,742	110,959	111,368	111,368

Data Source

Death Certificates

Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	9.8	9.8	9.8	9.7	9.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

2008 death records have not been finalized, 2008 deaths have been used as best estimate.

2009 population by age not available at time of entry, 2008 used as best estimate.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records have not been finalized, 2007 deaths have been used as best estimate.

2008 population by age not available at time of entry, 2007 used as best estimate.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records have not been finalized, 2006 deaths have been used as best estimate.

2007 population by age not available at time of entry, 2006 used as best estimate.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source				No reliable data	No reliable data source
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	85	86	78	73	73.2
Annual Indicator	71.4	71.7	71.7	69.4	71.5
Numerator	15,889	16,772	17,399	17,177	16,432
Denominator	22,245	23,391	24,263	24,737	22,969
Data Source				Birth certificate	Birth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	73.2	73.2	73.2	73.2	73.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

The PRATS survey has a self-reported rate of 86.5% among responses to the survey.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 11

Current year number of fatalities is preliminary estimate from Dept of Transportation crash data but death records for 2009 have not been finalized. The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Percent of mothers who were screened for post partum depression within three months following delivery.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		75	75	80	80
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source				No reliable data	No reliable data source
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	80	80	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

No screening data is available at this time. 99 has been entered to save form.

From the 2008 Idaho PRATS survey 57.1% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

No screening data is available at this time. 99 has been entered to save form.

From the 2007 Idaho PRATS survey 57.0% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2007

Field Note:

No screening data is available at this time. 99 has been entered to save form.

From the 2006 Idaho PRATS survey 55.4% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

Annual Objective and Performance Data				
	2005	2006	2007	2008
Annual Performance Objective		75	75.2	75.4
Annual Indicator	70.5	67.4	66.4	71.7
Numerator	16,834	16,430	17,301	19,373
Denominator	23,865	24,390	26,045	27,037
Data Source				Health and Welfare report HWMF_0096
Is the Data Provisional or Final?				Provisional

Annual Objective and Performance Data				
	2010	2011	2012	2013
Annual Performance Objective	75.8	76	76	76
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.			
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective			36.5	36	35.5
Annual Indicator	39	39	42	42	39
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>35</u>	<u>34.5</u>	<u>34.5</u>	<u>34.5</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

YRBS Survey in 2009

Numerator and denominator not available

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Most recent data available

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		21	21	21	0
Annual Indicator	21.4	21.4	26.1	26.1	21.5
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of pregnant women who received dental care during pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		50	45	45.1	45.3
Annual Indicator	43.6	43.6	43.4	45.5	50.4
Numerator					
Denominator					
Data Source				PRATS	PRATS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>45.5</u>	<u>45.5</u>	<u>45.7</u>	<u>45.7</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		90	90	90
Annual Indicator	80	65	62.5	83.6
Numerator			210	734
Denominator			336	878
Data Source				Provider assessments
Is the Data Provisional or Final?				Provisional

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90
Annual Indicator				
Numerator				
Denominator				

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is an estimate from provider visit assessments

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is an estimate from provider visit assessments

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

The rate is calculated from provider assessments.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percent of 9th – 12th grade students that are overweight.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator	7	7	11	11	20.8
Numerator					
Denominator					
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

YRBS Survey in 2009

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

2007 Data entered as most recent available.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>7</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u>6.2</u>	<u>6.8</u>	<u>6.8</u>	<u>5.8</u>	<u>5.8</u>
Numerator	<u>142</u>	<u>164</u>	<u>169</u>	<u>146</u>	<u>146</u>
Denominator	<u>23,064</u>	<u>24,185</u>	<u>25,023</u>	<u>25,156</u>	<u>25,156</u>
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<small>(Explain data in a year note. See Guidance, Appendix IX.)</small>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>5.9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.

Average number of black infant deaths per yer for 2006-2008 is 3.7.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

Three average number of black infant deaths (2005 -2007) 2.7 per year.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator	4.0	4.6	4.5	3.9	3.9
Numerator	93	112	113	99	99
Denominator	23,064	24,185	25,023	25,156	25,156

Data Source

Death Certificates

Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	3.9	3.9	3.9	3.9	3.8

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Death records for 2007 not final as of entry, 2006 used as best estimate.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.5	2	2	2
Annual Indicator	2.1	2.2	2.2	1.9	1.9
Numerator	49	52	56	47	47
Denominator	23,064	24,185	25,023	25,156	25,156
Data Source				Death Certificates	Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death records not finalized at entry, 2006 used as best estimate.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	9.3	9	9	9	8.8
Annual Indicator	9.4	8.3	8.8	8.6	8.6
Numerator	217	201	221	217	217
Denominator	23,198	24,293	25,153	25,284	25,284
Data Source				Death Certificates	Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	8.8	8.8	8.7	8.7	8.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized as of entry, 2006 used as best estimate.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	27.8	25	25	25	25
Annual Indicator	22.7	26.4	21.9	19.4	19.4
Numerator	65	80	69	62	62
Denominator	286,898	302,875	315,006	320,050	320,050

Data Source

Death Certificates

Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	22	22	21.5	21.5	21

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Death records for 2009 have not been finalized, 2008 used as best estimate for 2009.

2. Section Number: Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

3. Section Number: Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death records not finalized as of entry, 2006 used as best estimate.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2011
Field Note:
Staff from CSHP participate on the Advisory Board of Idaho Parents Unlimited, and on the Idaho Council on Developmental Disabilities. While this is not families participating on our boards or groups, at least staff are gathering family input.
2. **Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2011
Field Note:
CSHP continues to support, where possible, the activities of Idaho Parents Unlimited and Idaho Families of Adults with Disabilities. During the last project year CSHP provided some funds for publication costs for IFAD, and co-branded a set of Transition-to-Adulthood materials with IPUL. CSHP paid the development and printing costs for the TTA materials.
3. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2011
Field Note:
Input from family members is requested during the public comment period, but this being the year for the 5-year Needs Assessment, family input was also gathered during the state priority setting phase of the assessment.
4. **Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2011
Field Note:
CSHP staff participate in family-oriented working groups, and CSHP's clinic contractors accept input from families about the operation of the clinics.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ID FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Continue to develop data collection and analysis capabilities to assess needs and evaluate outcomes.
2. Public Health will work with Medicaid to explore options to maximize services to the MCH population.
3. Through collaboration, move MCH programs, including CSHCN, to sustainable infrastructure building activities.
4. Reduce vaccine preventable diseases by increasing the immunization rate of children 0 to 2 years of age.
5. Work with Medicaid, the newly formed Division of Behavioral Health and other partners to address identified needs and establish referral sources for MCH mental health issues such as perinatal depression and teen suicide.
6. Assess adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of the targeted groups.
7. Increase population based education and awareness of the importance of dental care for the MCH population, such as women during pregnancy.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

Based on the 2010 Needs Assessment, the following priorities have been identified:

PREGNANT WOMEN AND INFANTS

Reduce premature births and low birth weight.

Reduce teen pregnancy.

Increase the percent of women incorporating effective preconception and prenatal health practices.

.

CHILDREN AND ADOLESCENTS

Improve immunization rates.

Decrease childhood overweight and obesity prevalence.

Reduce intentional injuries in children and youth.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Improve access to medical specialists for CSHCNs.

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	None requested	None requested	None requested
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

Percent of mothers who were screened for post partum depression within three months following delivery.

STATUS:

Active

GOAL

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

DEFINITION

Percent of mothers screened.

Numerator:

Number of new mothers who were screened for depression within one month following delivery.

Denominator:

Number of new mothers who were surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

In 2001, 40.2% of mothers reported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depression exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:	The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.
STATUS:	Active
GOAL	To improve the health of children who may be at high risk for poor health.
DEFINITION	<p>The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.</p> <p>Numerator: Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.</p> <p>Denominator: Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Idaho Medicaid
SIGNIFICANCE	Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

PERFORMANCE MEASURE:

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

STATUS:

Active

GOAL

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

DEFINITION**Numerator:**

Number of 9th – 12th grade students who had sexual intercourse

Denominator:

Number of 9th – 12th grade students surveyed

Units: 100 **Text:** 1**HEALTHY PEOPLE 2010 OBJECTIVE**

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Behavioral Risk Factor Survey.

SIGNIFICANCE

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

SP(Reporting Year) # 4

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

STATUS:

Active

GOAL

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

DEFINITION

Numerator:

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

Denominator:

Number of 9th – 12th grade students Surveyed

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

27-2b.

Reduce cigarette smoking by adolescents to 10%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance system.

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

PERFORMANCE MEASURE:

Percent of pregnant women who received dental care during pregnancy.

STATUS:

Active

GOAL

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

DEFINITION

Numerator:

Number of pregnant women who received dental care.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System.

SIGNIFICANCE

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

PERFORMANCE MEASURE:

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

STATUS:

Active

GOAL

To improve immunization status of children in the state and protect them from vaccine preventable diseases.

DEFINITION

Numerator:

Number of Medicaid and SCHIP children who are fully immunized by age 2.

Denominator:

Number of Medicaid and SCHIP children enrolled that are two years of age.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

14-24a.
Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.

DATA SOURCES AND DATA ISSUES

Medicaid and Immunization Program data

SIGNIFICANCE

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

SP(Reporting Year) # 7

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students that are overweight.

STATUS:

Active

GOAL

Reduce the number of school age children who are overweight or obese.

DEFINITION

Numerator:

Number of 9th – 12th grade students overweight.

Denominator:

Number of 9th – 12th grade students surveyed.

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance System.

SIGNIFICANCE

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 17

In 2008 Idaho Medicaid began providing dental coverage for participants in the basic plan, through a contract with Idaho Blue Cross. This resulted in only children covered under the enhanced plan having dental services paid for through the Medicaid payment system. Previously, this indicator was reported on by extracting the number of claims paid from the Medicaid system. When the contract switch happened, our percentages dropped below 10% (2008 and 2009). We have found a new source for this data, and have changed to 2008 and 2009 number to match reality.

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>20.0</u>	<u>18.3</u>	<u>16.0</u>	<u>17.0</u>	<u>15.9</u>
Numerator	<u>111</u>	<u>100</u>	<u>91</u>	<u>100</u>	<u>99</u>
Denominator	<u>55,482</u>	<u>54,564</u>	<u>56,950</u>	<u>58,730</u>	<u>62,348</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2009
Field Note:
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2008
Field Note:
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2007
Field Note:
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>70.5</u>	<u>68.9</u>	<u>69.0</u>	<u>74.4</u>	<u>72.9</u>
Numerator	<u>16,834</u>	<u>15,798</u>	<u>16,145</u>	<u>18,177</u>	<u>18,596</u>
Denominator	<u>23,865</u>	<u>22,930</u>	<u>23,393</u>	<u>24,439</u>	<u>25,510</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	38.7	43.3	43.6	46.0	46.0
Numerator	222	632	1,156	1,196	974
Denominator	574	1,460	2,652	2,598	2,116

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data Source: Medicaid

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data Source: Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>74.2</u>	<u>74.0</u>	<u>72.7</u>	<u>72.1</u>	<u>74.6</u>
Numerator	<u>16,421</u>	<u>17,230</u>	<u>17,575</u>	<u>17,747</u>	<u>17,074</u>
Denominator	<u>22,142</u>	<u>23,296</u>	<u>24,172</u>	<u>24,616</u>	<u>22,882</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2009**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

Denominator is the total number of births to Idaho women aged 15-44 minus the number of births in which trimester prenatal care began, number of visits, or length of gestation was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

2. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2008 not finalized as of date of entry.

3. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2007 not finalized as of date of entry.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	87.1	88.6	86.2	84.9	86.0
Numerator	128,422	124,117	125,596	122,481	136,168
Denominator	147,366	140,163	145,682	144,221	158,298

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Values reflect numbers of children aged <=19.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values reflect numbers of children aged <=19.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values reflect numbers of children aged <=19.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>51.0</u>	<u>55.5</u>	<u>43.3</u>	<u>62.8</u>	<u>67.6</u>
Numerator	<u>15,345</u>	<u>19,392</u>	<u>17,821</u>	<u>25,824</u>	<u>29,788</u>
Denominator	<u>30,069</u>	<u>34,939</u>	<u>41,156</u>	<u>41,120</u>	<u>44,075</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>3,244</u>	<u>1,194</u>	<u>1,261</u>	<u>4,098</u>	<u>4,437</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2009	Payment source from birth certificate	<u>7.2</u>	<u>5.7</u>	<u>6.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>7.8</u>	<u>4.1</u>	<u>5.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Payment source from birth certificate	<u>61.5</u>	<u>77.9</u>	<u>71.5</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Payment source from birth certificate	<u>68.3</u>	<u>78.7</u>	<u>74.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">133</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">16</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">17</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div>)	2009	<div style="text-align: right;">133</div> <div style="text-align: right;">133</div> <div style="text-align: right;">133</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">133</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>16</u>) (Age range <u>17</u> to <u>18</u>)	2009	<u>185</u> <u>185</u> <u>185</u>
c) <i>Pregnant Women</i>	2009	<u>500</u>

FORM NOTES FOR FORM 18

Data for Medicaid, non-Medicaid, and all are based on payment source for delivery of baby at the time of delivery. Payment source may change after the birth certificate is filed with the state.

Medicaid data based on payment source for delivery may differ.
"All" includes unknown payment source.

FIELD LEVEL NOTES

- Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2011
Field Note:
Not eligible for pregnant women aged 19 and above. 500 entered to save form.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2011
Field Note:
PRATS is an annual representative sample of approximately 20 percent of resident women aged 18+ who gave birth in Idaho. Many of the questions are similar PRAMS.
The major methodology difference is data collection occurs over a three month period each year instead of on going monthly.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	6.7	6.9	6.6	6.5	6.3
Numerator	1,544	1,676	1,643	1,643	1,446
Denominator	23,049	24,163	25,016	25,150	23,040

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Birth records for Idaho 2007 not final as of entry.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.0</u>	<u>5.2</u>	<u>4.9</u>	<u>5.0</u>	<u>4.9</u>
Numerator	<u>1,119</u>	<u>1,213</u>	<u>1,201</u>	<u>1,216</u>	<u>1,101</u>
Denominator	<u>22,366</u>	<u>23,415</u>	<u>24,267</u>	<u>24,387</u>	<u>22,380</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator is the total number of singleton births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	1.1	1.2	1.1	1.0	1.0
Numerator	257	295	280	263	234
Denominator	23,049	24,163	25,016	25,150	23,040
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.7</u>	<u>0.9</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>
Numerator	<u>166</u>	<u>207</u>	<u>197</u>	<u>188</u>	<u>182</u>
Denominator	<u>22,366</u>	<u>23,415</u>	<u>24,267</u>	<u>24,387</u>	<u>22,380</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>12.6</u>	<u>11.7</u>	<u>12.4</u>	<u>9.0</u>	<u>9.0</u>
Numerator	<u>39</u>	<u>38</u>	<u>42</u>	<u>31</u>	<u>31</u>
Denominator	<u>308,945</u>	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>344,821</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 death records not finalized at time of entry, 2008 final entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.8</u>	<u>4.9</u>	<u>7.7</u>	<u>2.6</u>	<u>4.4</u>
Numerator	<u>18</u>	<u>16</u>	<u>26</u>	<u>9</u>	<u>15</u>
Denominator	<u>308,945</u>	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>344,821</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 death records not finalized at time of entry, Dept of Transportation preliminary traffic accident fatalities entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>32.0</u>	<u>29.4</u>	<u>26.9</u>	<u>25.1</u>	<u>20.0</u>
Numerator	<u>72</u>	<u>64</u>	<u>58</u>	<u>54</u>	<u>43</u>
Denominator	<u>224,678</u>	<u>217,461</u>	<u>215,401</u>	<u>215,425</u>	<u>215,425</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2009 death records not finalized at time of entry, Dept of Transportation preliminary traffic accident fatalities entered as best estimate.

2009 population not available at entry, used 2008 Census population estimate.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data				
		2005	2006	2007	2008	2009
Annual Indicator	_____	999	_____	999	_____	999
Numerator	_____		_____	_____	_____	_____
Denominator	_____		_____	_____	_____	_____
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2009
Field Note:
Could not identify a realistic source of data.
Entered 999 so that the form would save.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2008
Field Note:
Could not identify a realistic source of data.
Entered 999 so that the form would save.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2007
Field Note:
Could not identify a realistic source of data.
Entered 999 so that the form would save.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>406.9</u>	<u>360.5</u>	<u>336.8</u>	<u>308.9</u>	<u>281.0</u>
Numerator	<u>1,257</u>	<u>1,175</u>	<u>1,143</u>	<u>1,065</u>	<u>969</u>
Denominator	<u>308,945</u>	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>344,821</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Population total not available at this time. Population for 2008 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2009 data has not been finalized by IDT.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>2,062.5</u>	<u>2,077.6</u>	<u>2,049.7</u>	<u>1,697.6</u>	<u>1,563.9</u>
Numerator	<u>4,634</u>	<u>4,518</u>	<u>4,415</u>	<u>3,657</u>	<u>3,369</u>
Denominator	<u>224,678</u>	<u>217,461</u>	<u>215,401</u>	<u>215,425</u>	<u>215,425</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Population total not available at this time. Population for 2008 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2009 data has not been finalized by IDT.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>14.1</u>	<u>15.2</u>	<u>17.8</u>	<u>21.7</u>	<u>20.3</u>
Numerator	<u>771</u>	<u>829</u>	<u>972</u>	<u>1,190</u>	<u>1,112</u>
Denominator	<u>54,649</u>	<u>54,649</u>	<u>54,561</u>	<u>54,885</u>	<u>54,885</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Population estimate for 2009 not available, 2008 population estimate used.

2. Section Number: Form20_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Population estimate for 2007 not available, 2006 population estimate used.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.5</u>	<u>6.4</u>	<u>6.7</u>	<u>7.4</u>	<u>6.6</u>
Numerator	<u>1,349</u>	<u>1,565</u>	<u>1,647</u>	<u>1,804</u>	<u>1,621</u>
Denominator	<u>244,149</u>	<u>244,149</u>	<u>245,389</u>	<u>245,389</u>	<u>246,781</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Population estimate for 2009 not available at entry time, 2008 population estimate used for denominator

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

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FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	24,771	22,498	372	471	330	53	1,047	0
Children 1 through 4	96,975	88,489	1,762	2,256	1,207	188	3,073	0
Children 5 through 9	113,859	104,003	2,225	2,272	1,354	211	3,794	0
Children 10 through 14	109,216	101,013	1,836	1,853	1,226	182	3,106	0
Children 15 through 19	111,368	104,545	1,243	1,985	876	168	2,551	0
Children 20 through 24	104,057	98,205	1,188	1,825	905	163	1,771	0
Children 0 through 24	560,246	518,753	8,626	10,662	5,898	965	15,342	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	20,494	4,277	0
Children 1 through 4	79,940	17,035	0
Children 5 through 9	95,677	18,182	0
Children 10 through 14	93,137	16,079	0
Children 15 through 19	97,510	13,858	0
Children 20 through 24	92,279	11,778	0
Children 0 through 24	479,037	81,209	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	18	10	0	1	0	0	1	6
Women 15 through 17	651	448	10	27	1	0	22	143
Women 18 through 19	1,611	1,290	13	53	9	1	58	187
Women 20 through 34	20,396	17,987	84	264	255	38	347	1,421
Women 35 or older	2,480	2,134	12	21	65	2	46	200
Women of all ages	25,156	21,869	119	366	330	41	474	1,957

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	9	9	0
Women 15 through 17	375	272	4
Women 18 through 19	1,166	418	27
Women 20 through 34	17,192	2,949	255
Women 35 or older	2,055	390	33
Women of all ages	20,797	4,038	319

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	146	136	4	0	0	0	2	4
Children 1 through 4	23	22	0	0	0	0	1	0
Children 5 through 9	16	15	0	0	0	0	0	1
Children 10 through 14	23	21	0	1	0	0	0	1
Children 15 through 19	78	68	0	3	0	0	2	5
Children 20 through 24	83	73	0	2	1	0	2	5
Children 0 through 24	369	335	4	6	1	0	7	16

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	114	32	0
Children 1 through 4	19	4	0
Children 5 through 9	15	1	0
Children 10 through 14	20	3	0
Children 15 through 19	69	9	0
Children 20 through 24	71	12	0
Children 0 through 24	308	61	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	456,189	420,548	7,438	8,837	4,993	802	13,571	0	2008
Percent in household headed by single parent	24.6	23.3	70.6	65.6	39.3	0.0	42.0	0.0	2008
Percent in TANF (Grant) families	0.9	0.9	1.9	1.8	0.3	1.2	0.0	0.0	2009
Number enrolled in Medicaid	147,049	140,577	2,210	2,914	1,082	266	0	0	2009
Number enrolled in SCHIP	38,500	37,303	376	546	232	43	0	0	2009
Number living in foster home care	2,877	2,407	55	224	15	6	169	1	2009
Number enrolled in food stamp program	115,926	110,251	2,140	2,448	816	271	0	0	2009
Number enrolled in WIC	50,153	45,108	543	2,484	532	154	1,332	0	2009
Rate (per 100,000) of juvenile crime arrests	5,606.0	5,622.0	4,634.0	4,945.0	1,708.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.0	1.4	1.5	2.8	0.7	0.6	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	386,758	69,431	0	2008
Percent in household headed by single parent	22.4	38.0	0.0	2008
Percent in TANF (Grant) families	0.8	1.2	0.0	2009
Number enrolled in Medicaid	116,851	30,198	0	2009
Number enrolled in SCHIP	28,767	9,733	0	2009
Number living in foster home care	2,481	396	0	2009
Number enrolled in food stamp program	91,914	24,012	0	2009
Number enrolled in WIC	33,685	16,468	0	2009
Rate (per 100,000) of juvenile crime arrests	5,305.0	5,070.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	1.6	3.2	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	324,191
Living in rural areas	105,075
Living in frontier areas	26,923
Total - all children 0 through 19	456,189

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,515,051.0
Percent Below: 50% of poverty	5.6
100% of poverty	12.2
200% of poverty	35.1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	462,269.0
Percent Below: 50% of poverty	8.8
100% of poverty	17.2
200% of poverty	45.7

FORM NOTES FOR FORM 21

Population estimates for 2008 from Source: Census Bureau, July 1, 2008 population estimates. Source does not include 'Other and Unknown' race or unknown ethnicity.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011
Field Note:
Data source Source: Census Bureau, July 1, 2008 population estimates. Does not have estimate for other and unknown race or ethnicity.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
From Current Population Survey at census.gov based on number of persons 0 to 19 years of age living in a "Kind of Family" other than "Husband and Wife". Sample size for Native Hawaiian or Other Pacific Islander too small for reliable estimate and not included, Other Race and Unknown race not included in results.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Department of Education dropout data does not include rates for multiple race or unknown race.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
From Current Population Survey at census.gov based on number of persons 0 to 19 years of age living in a "Kind of Family" other than "Husband and Wife". "Ethnicity not reported" not included in results.
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
10. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
11. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.
12. **Section Number:** Form21_Indicator 09B

Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2011
Field Note:

Due to changes in data systems numbers reported reflect children who were on the program at some time January through October 2009.

13. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Department of Education dropout reports do not include rate for ethnicity not reported
14. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2011
Field Note:
Source: Census Bureau, July 1, 2006 population estimates. Idaho has no designated metropolitan areas
15. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2011
Field Note:
Source: Census Bureau, July 1, 2006 population estimates.
16. **Section Number:** Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2011
Field Note:
Source: Census Bureau, July 1, 2006 population estimates.
17. **Section Number:** Form21_Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2011
Field Note:
Source: Census Bureau, July 1, 2006 population estimates.
18. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
19. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
20. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
21. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
22. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
23. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.
24. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.

25. Section Number: Form21_Indicator 12

Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2011
Field Note:
Results are from Census website Current Population Survey estimate for 2009.

26. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011
Field Note:
The numbers provided for 2009 represent a cumulative measure of children if foster care for the year. Previous reports were based on a point in time count at the end of the fiscal year.

27. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011
Field Note:
The numbers provided for 2009 represent a cumulative measure of children if foster care for the year. Previous reports were based on a point in time count at the end of the fiscal year.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 11

Current year number of fatalities is preliminary estimate from Dept of Transportation crash data but death records for 2009 have not been finalized. The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____ 35.5	_____ 35.5	_____ 35.5	_____ 35.5	_____ 35.5
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of pregnant women 18 and older who received dental care during pregnancy.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	55	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of 9th – 12th grade students that are overweight.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	18	18	18	18	18
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women 18 and older who fell into the "normal" weight category according to the body Mass Index (BMI=18.5 to 24.9) prior to pregnancy.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	59	59	59	59	59
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	43	43	43	43	43
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	35	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of children at kindergarten enrollment who meet state immunization requirements.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of children at seventh grade enrollment who meet state immunization requirements.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: ID

Form Level Notes for Form 12

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE:	Percent of 9th - 12th grade students that report having engaged in sexual intercourse.
STATUS:	Active
GOAL	Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.
DEFINITION	<p>Percentage</p> <p>Numerator: Number of 9th – 12th grade students who had sexual intercourse</p> <p>Denominator: Number of 9th – 12th grade students surveyed</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>25-11.</p> <p>Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.</p>
DATA SOURCES AND DATA ISSUES	Idaho Youth Behavioral Risk Factor Survey.
SIGNIFICANCE	<p>Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.</p>

PERFORMANCE MEASURE:	Percent of pregnant women 18 and older who received dental care during pregnancy.
STATUS:	Active
GOAL	To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.
DEFINITION	<p>Percentage</p> <p>Numerator: Number of pregnant women who received dental care.</p> <p>Denominator: Number of women surveyed.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Idaho's Pregnancy Risk Assessment Tracking System.
SIGNIFICANCE	Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

PERFORMANCE MEASURE: Percent of 9th – 12th grade students that are overweight.

STATUS: Active

GOAL Reduce the number of school age children who are overweight or obese.

DEFINITION Percentage

Numerator:
Number of 9th – 12th grade students overweight.

Denominator:
Number of 9th – 12th grade students surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE 19-3c.
Reduce the proportion of children and adolescents who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES Idaho Youth Risk Behavior Surveillance System.

SIGNIFICANCE Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

PERFORMANCE MEASURE:	Percent of women 18 and older who fell into the “normal” weight category according to the body Mass Index (BMI=18.5 to 24.9) prior to pregnancy.
STATUS:	Active
GOAL	To improve birth outcomes by promoting appropriate weight in women prior to becoming pregnant.
DEFINITION	<p>Percentage</p> <p>Numerator: Women who report a before-pregnancy BMI between 18.5 and 24.9.</p> <p>Denominator: All women surveyed</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

According to the March of Dimes, research has shown that obesity increases the risk of adverse outcomes, such as those listed above, for both mother and baby. The dramatically increasing rate of obesity and the increasing rate of preterm births (PTB) have led to recent investigations of an association of maternal obesity with PTB. Findings suggest that, while obesity may not be an independent risk factor for PTB, obesity does increase rates of medical complications (such as hypertension and diabetes) that have been shown to contribute to PTB.

PERFORMANCE MEASURE:	Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.
STATUS:	Active
GOAL	Increase the number of women who regularly take a multivitamin in the month prior to getting pregnant.
DEFINITION	<p>Percentage</p> <p>Numerator: Number of women who report regularly take a multivitamin in the month prior to getting pregnant.</p> <p>Denominator: Total number of women surveyed.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

According to the March of Dimes, healthy foods, such as whole grains, fruits and vegetables, are the best sources of vitamins and minerals. But because it is sometimes hard to get all the nutrients we need from foods, all adults should take one multivitamin per day. It is especially important for women who can become pregnant to get enough folic acid. Folic acid, a B vitamin, helps prevent birth defects of the brain and spinal cord when taken before and very early in pregnancy. It is available in most multivitamins, as a folic acid-only supplement and in some foods. The March of Dimes recommends that all women of childbearing age take a multivitamin with 400 micrograms of folic acid every day, as part of a healthy diet. During pregnancy, a woman needs more of some nutrients, such as iron, calcium and folic acid. For this reason, it is wise to start taking a multivitamin before pregnancy.

PERFORMANCE MEASURE: Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.

STATUS: Active

GOAL To reduce the number of women who report drinking any alcohol in the three months prior to their pregnancy.

DEFINITION Percentage

Numerator: Number of women who report drinking any alcohol in the three months prior to their pregnancy.

Denominator: All women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Idaho Pregnancy Risk Assessment Tracking System

SIGNIFICANCE According to the CDC, although women tend to decrease alcohol consumption once they realize they are pregnant, many don't realize they are pregnant until late in the first trimester. In reporting first trimester consumption, many women report their drinking levels after they became aware that they were pregnant. Alcohol consumption prior to pregnancy is reported to be a better measure of consumption during the first trimester.(

PERFORMANCE MEASURE:	Percent of children at kindergarten enrollment who meet state immunization requirements.
STATUS:	Active
GOAL	To increase the number of children at kindergarten enrollment who meet state immunization requirements.
DEFINITION	<p>Percent of kindergarteners who have received all of the state-required immunizations. This does not include the children whose parents have completed an immunization exemption form.</p> <p>Numerator: The number of children at kindergarten enrollment who meet state immunization requirements.</p> <p>Denominator: All children enrolled in kindergarten in Idaho.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

School Immunization Reports

SIGNIFICANCE

According to the CDC, making sure that children at every age receive all of their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health ? as well as the health of their friends and classmates. Not only do vaccines protect children against common seasonal diseases like seasonal influenza, they also help prevent diseases that are much rarer. However, vaccine-preventable diseases are still out there, so, if children don't stay up to date with vaccinations, the U.S. could see new epidemics of diseases. More children would get sick, and more would die.

PERFORMANCE MEASURE:	Percent of children at seventh grade enrollment who meet state immunization requirements.
STATUS:	Active
GOAL	Increase the number of children at seventh grade enrollment who meet state immunization requirements.
DEFINITION	<p>Percent of 7th graders who have received all of the state-required immunizations. This does not include the children whose parents have completed an immunization exemption form.</p> <p>Numerator: The number of children at seventh grade enrollment who meet state immunization requirements.</p> <p>Denominator: All Idaho children enrolled in the 7th grade.</p> <p>Units: 100 Text: Percent</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho School Immunization Reports

SIGNIFICANCE

According to the CDC, making sure that children at every age receive all of their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health ? as well as the health of their friends and classmates. Not only do vaccines protect children against common seasonal diseases like seasonal influenza, they also help prevent diseases that are much rarer. However, vaccine-preventable diseases are still out there, so, if children don't stay up to date with vaccinations, the U.S. could see new epidemics of diseases. More children would get sick, and more would die.

